UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2354 98597	\neg			
CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)	HE ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e	exact, full name; do not omit, modify, or abb	reviate any part of the Debtor	's name); if any part of the li	ndividual Debtor's
	d provide the Individual Debtor information in	n item 10 of the Financing Sta	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Clemens	Kyle	H		
1c. MAILING ADDRESS 3945 La Marada Way	CITY	STATE	POSTAL CODE	COUNTRY
	Klamath Falls	OR	97603	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e name will not fit in line 2b, leave all of item 2 blank, check here and and accordance and accordance and accordance and accordance and accordance and accordance are accordance as a construction accordance are accordance as a construction accordance and accordance are accordance as a construction accordance and accordance are accordance as a construction accordance and accordance are accordance as a construction accordance are accordance as a construction accordance and accordance are accordance as a construction accordance and accordance are accordance as a construction accordance are accordance as a construction accordance are accordance as a construction accordance as a construction accordance are accordance as a construction accordance accorda	xact, full name; do not omit, modify, or abbi d provide the Individual Debtor information i			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE	OR SECURED PARTY): Provide only one S	Secured Party name (3a or 3h)	
3a. ORGANIZATION'S NAME Community 1st Credit Uni		secured Farty hame (Sa Si Si	,	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	DuPont	STATE WA	POSTAL CODE 98327	COUNTRY
4. COLLATERAL: This financing statement covers the following collaterar Perfection: Purchase Money Security Interest - complete Solar system and all of its component R565409 Alt Parcel: 565409 Situs Address: 394 Description: Lot 4 in Block 17 of Tract No. 1112 thereof on file in the office of the Willamette Me	s installed at 3945 La Mara 45 La Marada Way, Klamat , EIGHTH ADDITION to SL	ada Way Klamath I h Falls, OR 97603 JNSET VILLAGE,	Falls, OR 97603 F Abbreviated Lega according to the c	Parcel: al official plat

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	0054 0050

2354 98597

2022-008324 Klamath County, Oregon

07/08/2022 08:37:01 AM

Fee: \$92.00

UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here ☐	nent; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
DR 9b. INDIVIDUAL'S SURNAME				
Clemens				
FIRST PERSONAL NAME				
Kyle				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
Н			E IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter 		line 1b or 2b of the Financir	ng Statement (Form UCC1) (us	e exact, full name
10a. ORGANIZATION'S NAME	The maining address in line 100			
isa. sito tule tirane				
DR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	LOUTY	Total	E TROCTAL CORE	COUNTRY
uc. Mailing address	CITY	STAT	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				·
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)				o futuro fillo
This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Solvent and address of a RECORD OWNER of real estate described in item 1.	covers timber to be	cut covers as-extract	ed collateral ☑ is filed as	a fixture filing
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	covers timber to be 16 16. Description of real estate Perfection: Purcha	cut covers as-extract es: ase Money Securit	ty Interest - In Fixtu	re. All Solai
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9a. ORGANIZATION'S NAME				
OR at the business of the busi				
9b. INDIVIDUAL'S SURNAME				
Clemens				
FIRST PERSONAL NAME				
Kyle ADDITIONAL NAME(S)/INITIAL(S)	Louisey			
H	SUFFIX			
			IS FOR FILING OFFICE	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional D		n line 1b or 2b of the Financing	Statement (Form UCC1) (use	exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's name) a 10a. ORGANIZATION'S NAME	and enter the mailing address in line 100			
108. ORGANIZATION S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
0c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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